

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address P.O. Box 5757 Columbia, SC 29250-5246 <u>S.C. Code Ann.</u> § 40-68-10 <u>et seq.</u> <u>www.scconsumer.gov</u> (803) 734-4200

Street Address 3600 Forest Drive Columbia, SC 29204-4006

INSURANCE CERTIFICATION

(Please type or print in black ink)

preparing to do business in the State of South Ca any self or partially self-funded plans of insuran employee in the State of South Carolina. I und	defined in S arolina, herence for work derstand tha lina, and th	South Carolina Code § 40-68-10, et. seq., which is eby certify that the above named PEO will not offer kers' compensation, health, life or disability to any at ERISA plans are not acceptable as fully insured hat no insurance plan may be offered to clien
with this Application, and to the best of my kn correct and complete; and that there are no ma South Carolina Department of Consumer Affairs' I understand that giving false information cons	nowledge ar aterial omiss decision to stitutes caus	eviewed all information on this form and submitted and belief, all information contained herein is true sions of fact which would have a bearing upon the grant the requested license. I further certify that se for denial or revocation of the application and ledge that I have a duty and agree to update and
Signature	Date	
SWORN TO AND SUBSCRIBED before me		
this day of	, 20	
		_ (SEAL)
Notary Public For		-
My Commission Expires:		
<u> </u>		

Do not fax this form. An original, signed and notarized form is required.